



Division of Laboratory Services  
630 Hart Lane  
Nashville, TN 37216  
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

**Disease/Agent Suspected or Test Requested:**

**Orthopox**

|                                                           |                                                                                                                                                                                                                                 |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Provider Requirements</b>                              | <ul style="list-style-type: none"><li>• <b>PRIOR CONSULTATION REQUIRED</b></li><li>• <b>REQUESTED</b> through consultation with epidemiology only.</li><li>• <b>Contact <a href="#">CEDEP</a> prior to submission</b></li></ul> |
| <b>Acceptable Specimen Sources/Type(s) for Submission</b> | <ul style="list-style-type: none"><li>• Fresh Biopsy or vesicle/lesion components</li><li>• Touch Prep (slide of lesion)</li></ul>                                                                                              |
| <b>TDH Requisition Form Number</b>                        | <b>PH-4263</b>                                                                                                                                                                                                                  |
| <b>Media Requirements</b>                                 | See acceptable specimen/source types                                                                                                                                                                                            |
| <b>Special Instructions</b>                               |                                                                                                                                                                                                                                 |
| <b>Shipping Instructions</b>                              | <b><u>Contact Bioterrorism lab prior to shipment.</u></b>                                                                                                                                                                       |
| <b>Laboratory Section Performing Testing</b>              | Bioterrorism                                                                                                                                                                                                                    |
| <b>Lab Location(s) Performing Test</b>                    | Nashville, Knoxville                                                                                                                                                                                                            |

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).